



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

August 25, 2014

Quick Links

[MA-ACA Website](#)



These Updates, published by the Executive Office of Health and Human Services (EOHHS) in consultation with the other state agencies involved in ACA implementation, will bring you news related to the implementation of provisions of the ACA here in Massachusetts.

Grants and Demonstrations

The ACA provides funding opportunities to transform how health care is delivered, expand access to care and support healthcare workforce training.

Grant Activity

On May 14, 2014 DPH was awarded \$2,365,669 by the CDC for the Epidemiology and Laboratory Capacity for Infectious Diseases - Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments. \$1,328,018 of the grant award is funded by the ACA §4002.

The funds will be used to strengthen and integrate capacity in Massachusetts for detecting and responding to infectious diseases and other public health threats through various updated activities. The activities will help build on epidemiology, laboratory and health information systems capacity at state and local health department levels in Massachusetts.

Read the project abstract at: www.mass.gov/eohhs/docs/eohhs/healthcare-reform/grants/140813-sec-4002-strengthening-epidemiology.pdf

For information about ACA grants awarded to and grant proposals submitted by the Commonwealth, visit the Grants page of the **Massachusetts National Health Care Reform website** at: www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/national-health-care-reform-plan/grants-and-demonstrations.html

Guidance

8/5/14 HHS/CMS issued a final rule called “Medicare Program; FY 2015 Hospice Wage Index and Payment Rate Update; Hospice Quality Reporting Requirements and Process and Appeals for Part D Payment for Drugs for Beneficiaries Enrolled in Hospice.” The final rule implements portions of ACA sections 3004, 3132 and 3401.

The rule updates the Medicare hospice payment rates and the wage index for fiscal year 2015 and continues the phase out of the wage index budget neutrality adjustment factor. According to CMS, the final rule reflects the agency's ongoing efforts to protect beneficiary access to patient-centered hospice care. The rule also provides an update on two hospice-related definitions and on a process and appeals for Part D payment for drugs while beneficiaries are under a hospice election.

Read the final rule (which was published in the Federal Register on August 22, 2014) at: www.gpo.gov/fdsys/pkg/FR-2014-08-22/pdf/2014-18506.pdf

8/5/14 HHS/CMS issued a final rule called “Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2015 Rates; Quality Reporting Requirements for Specific Providers; Reasonable Compensation Equivalents for Physician Services in Excluded Hospitals and Certain Teaching Hospitals; Provider Administrative Appeals and Judicial Review; Enforcement Provisions for Organ Transplant Centers; and Electronic Health Record (EHR) Incentive Program.” The final rule implements portions of the following ACA sections: 3001, 3004, 3005, 3008, 3021, 3025, 3106, 3123, 3124, 3133, 3141, 3313, 3401, 5503, 5504, 5506, 10309, 10312, 10313, 10319 and 10324.

The rule updates fiscal year (FY) 2015 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital Prospective Payment System (LTCH PPS). The rule, which applies to approximately 3,400 acute care hospitals and approximately 435 LTCHs, will generally be effective for discharges occurring on or after October 1, 2014. According to CMS, under the rule, operating rates for inpatient stays in general acute care hospitals paid under the IPPS that successfully participate in the Hospital Inpatient Quality Reporting (IQR) Program and are meaningful electronic health record (EHR) users will be increased by 1.3%. Those that do not successfully participate in the Hospital IQR Program (and do not submit the required quality data) will receive a one-fourth reduction of the market basket update. Furthermore, the rate for any hospital that is not a meaningful EHR user will be reduced by one-quarter of the market basket update in 2015, with penalties growing over time.

In addition to setting the standards for payments for Medicare-covered inpatient services, the FY 2014 hospital payment rule describes the process for implementing the Hospital-Acquired Conditions Reduction Program, which will begin in FY 2015. The rule updates measures and financial incentives in the Hospital Value-Based Purchasing and Readmissions Reduction programs. Additionally, the rule makes several changes relating to direct graduate medical education and indirect medical education payments and also establishes new or revised requirements for quality reporting by specific providers (acute care hospitals, PPS-exempt cancer hospitals, LTCHs, and inpatient psychiatric facilities that are participating in Medicare).

The ACA contains a hospital price transparency provision which requires that each hospital establish and develop a public a list of its standard charges for items and services. Under the final rule, HHS/CMS includes guidance to hospitals about this requirement.

The rule also updates the payment policies and the annual payment rates for the Medicare prospective payment system (PPS) for inpatient hospital services provided by long-term care hospitals (LTCHs) and

implements certain statutory changes to the LTCH PPS under the ACA.

Read the final rule (which was published in the Federal Register on August 22, 2014) at:
www.gpo.gov/fdsys/pkg/FR-2014-08-22/pdf/2014-18545.pdf

Prior guidance can be found at: www.hhs.gov/healthcare/index.html

Upcoming Events

Massachusetts Health Homes Initiative Public Forum

September 5, 2014

10:00 AM - 12:00 PM

Saxe Room

Worcester Public Library

3 Salem St, Worcester, MA 01608

Please R.S.V.P. by 5 pm on Friday, August 29 to Donna Kymalainen at Donna.Kymalainen@state.ma.us.

Reasonable accommodations are available upon request. Please contact Donna Kymalainen at Donna.Kymalainen@state.ma.us to request accommodations by 5 pm on Friday, August 29.

Agenda

- Populations to be served
- Health Home Provider Types
- Addressing Overlap Issues with other MassHealth and DMH Programs
- Payment Model
- Steps to Submission of SPA
- Implementation of Program

Integrating Medicare and Medicaid for Dual Eligible Individuals (also known as One Care) Implementation Council Meeting

Friday, September 12, 2014 1:00 PM - 3:00 PM

State Transportation Building

10 Park Plaza

Boston, MA

A meeting agenda and any meeting material will be distributed prior to the meetings.

Meetings of the Implementation Council are open to stakeholders and members of the public with an interest in One Care. Reasonable accommodations are available upon request. Please contact Donna Kymalainen at Donna.Kymalainen@umassmed.edu to request accommodations.

Bookmark the **Massachusetts National Health Care Reform website** at:
[National Health Care Reform](http://NationalHealthCareReform) to read updates on ACA implementation in Massachusetts.

Remember to check the Mass.Gov website at: [Dual Eligibles](http://DualEligibles) for information on the "**Integrating Medicare and Medicaid for Dual Eligible Individuals**" initiative.

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